

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED

NOV 19 PM 2:07

(Office Use Only)

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Affordable Health Care For America PAC

ADDRESS (number and street)

131 West 35th Street

8th FL

New York

NY

10001

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

000523159

3. IS THIS  
REPORT

☐

NEW  
(N)

OR

☐

AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐

April 15  
Quarterly Report (Q1)

☐

July 15  
Quarterly Report (Q2)

☒

October 15  
Quarterly Report (Q3)

☐

January 31  
Year-End Report (YE)

☐

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

☐

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐

Nov 20 (M11)  
(Non-Election  
Year Only)

☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐

Dec 20 (M12)  
(Non-Election  
Year Only)

☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the  
State of

MM / DD /

(d) 30-Day  
POST-Election  
Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM / DD /

MM / DD /

MM / DD /

in the  
State of

MM / DD /

5. Covering Period

MM / DD /

MM / DD /

MM / DD /

through

MM / DD /

MM / DD /

MM / DD /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

J. Bailey Morgan

Signature of Treasurer

J. Bailey Morgan

Date

MM / DD /

MM / DD /

MM / DD /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004